



Stakeholder Update: COVID 19

**Medicaid and CHIP Services
May 5, 2022**



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Ending Continuous Medicaid Coverage

Molly Lester, *Policy Director*
CPSO Division

Overview



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Background

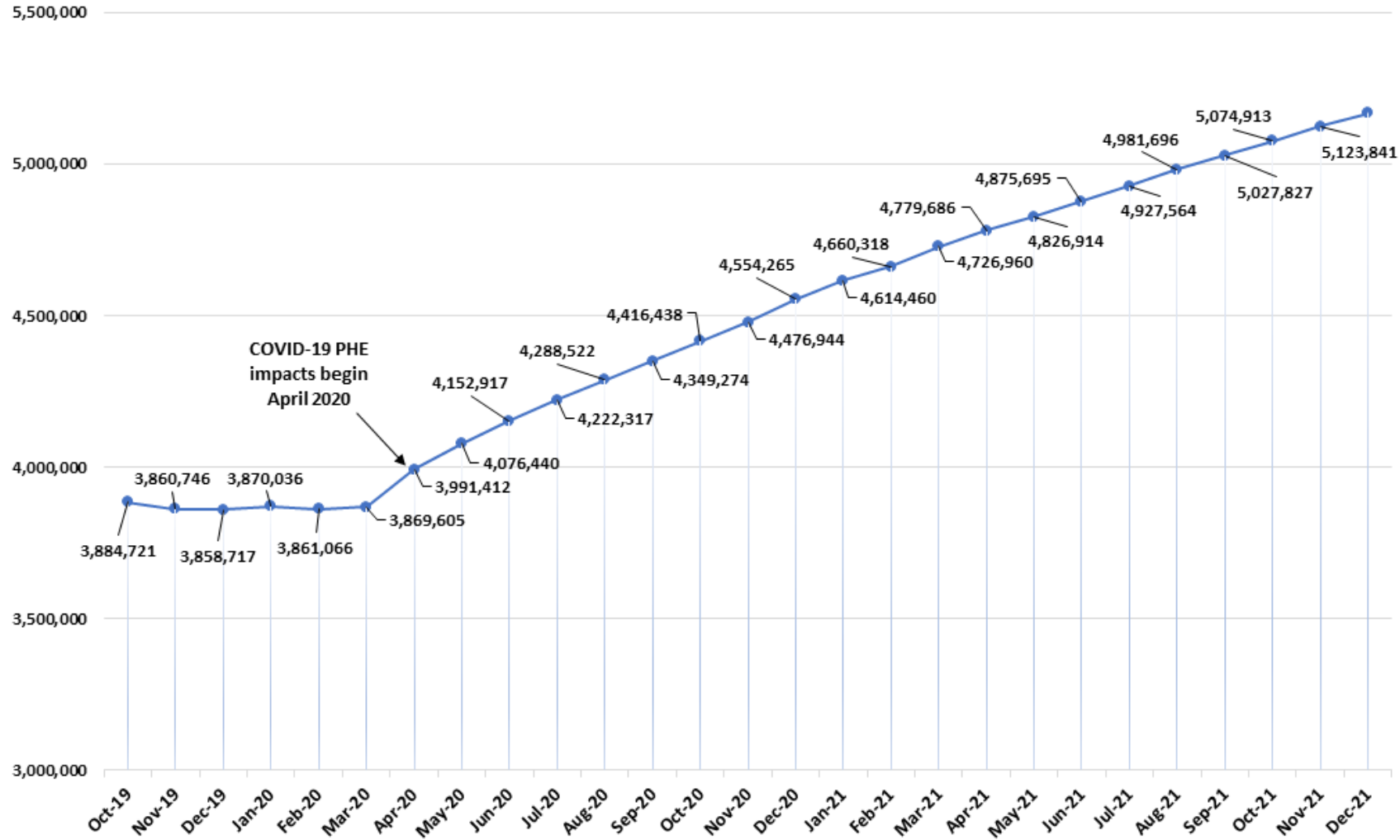


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The Families First Coronavirus Response Act (FFCRA) was passed by U.S. Congress in March 2020.

- Allowed states to qualify for a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, provided states **maintain Medicaid coverage** for most people enrolled in Medicaid as of or after March 18, 2020, until the end of the month in which the federal public health emergency (PHE) ends.
- HHSC implemented the federal directive effective March 18, 2020.

Medicaid Full Benefit Caseload, October 2019 - December 2021



Notes: May - December 2021 data is not yet final and subject to change. Source: PPS. HHSC Forecasting, December 2021.



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Federal Guidance



- Guidance from Centers for Medicare and Medicaid Services (CMS) has evolved over time.
- Major parameters for unwinding include:
 - **States have up to 12 months** to complete pending eligibility actions, which can begin **up to 60 days** before the first disenrollments will begin.
 - Disenrollments cannot be effective before **the first of the month after the PHE ends**.
 - **States must conduct a full redetermination** (as outlined in 42 Code of Federal Regulations 435.916) and allow members a minimum of 30 days to respond to renewal packets or requests for information.

Current Landscape



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HHSC is preparing for the large volume of work expected with unwinding continuous coverage. This plan is subject to change based on new guidance and the changing landscape.

Estimated PHE End Date

- The PHE is currently slated to end on **July 15, 2022**; it can be extended in increments up to 90 days.
- The federal government has committed to giving states at least 60 days notice before the end of the PHE.
- HHSC is working under the assumption that the PHE will end on **July 15, 2022**. The federal government should inform states of the end of the PHE by **May 16, 2022**, if the PHE will end as assumed.

Redetermination Population

- HHSC estimates as many as **3.7 million members** will need to have their Medicaid eligibility redetermined when continuous coverage ends.
- Of these, about 2.97 million individuals have been extended due to the continuous Medicaid coverage requirement in the FFCRA.

HHSC Plan to End Continuous Enrollment (1 of 2)



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- HHSC's unwinding approach **stagger**s Medicaid redeterminations for continuous coverage over multiple months.
- The continuous coverage population will be distributed into **three cohorts** to best accomplish the goals of:
 - Maintaining coverage for eligible individuals; reducing churn
 - Prioritizing redeterminations for those most likely to be ineligible or to be eligible for another program
 - Reducing the risk of overwhelming the eligibility system or workforce during the unwinding period
 - Establishing a sustainable renewal schedule for subsequent years

HHSC Plan to End Continuous Enrollment (2 of 2)



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First Cohort

- Includes individuals most likely to be ineligible or transitioned to CHIP.
 - Pregnant women who may transition to Healthy Texas Women Program
 - Members who aged out of Medicaid
 - Adult recipients who no longer have an eligible dependent child in their household

Approximately 880K members (as of December 2021)



Second Cohort

- Includes individuals likely to transition to a different Medicaid eligibility group
- Medicaid children, parent/caretaker and waiver groups pending information
- Certain MAGI population groups (e.g., children, people under Transitional Medical Assistance).

Approximately 280K members (as of December 2021)

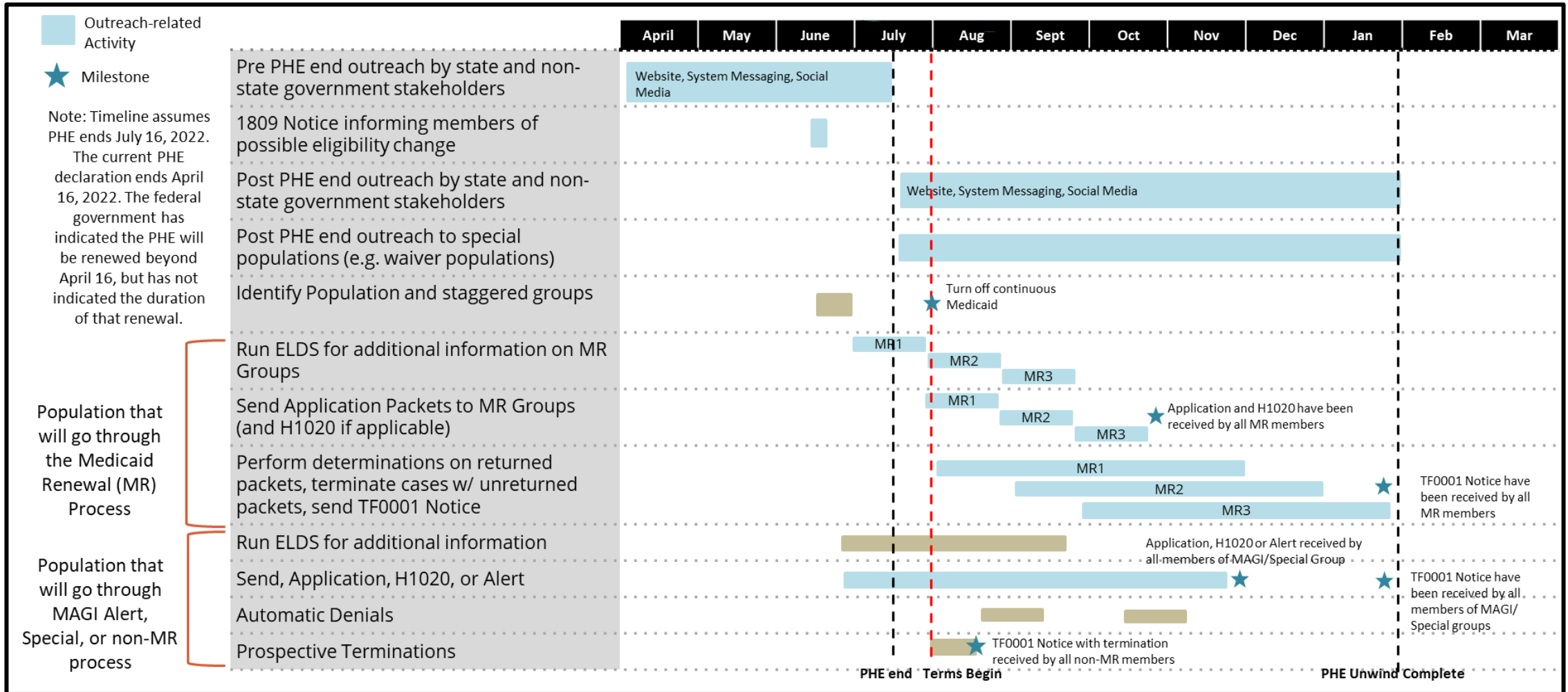


Third Cohort

- Includes everyone remaining from the previous groups, including those most likely to remain eligible (i.e., Children in Medicaid).

Approximately 1.81M members (as of December 2021)

Timeline for Ending Continuous Coverage



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Workforce/Workload Challenges



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To address potential strain on the eligibility system during the unwinding period, HHSC has identified multiple strategies aimed at increasing workforce capacity and/or reducing workload on eligibility workers. These include:

- Augmenting the eligibility operations team with other staff to process certain case actions.
- Conducting job fairs in high retention areas and doing on-demand hiring to boost recruitment.
- Increasing staff efficiency and performance, while improving the client experience, by:
 - Allowing clerical staff to perform data entry tasks and assist with interview scheduling.
 - Prioritizing specific system changes that will result in faster processing times, including the automated scheduling of SNAP appointments and automation of certain manual eligibility staff alerts (i.e. MAGI).



Increase Staff



Decrease workload

Constraints



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Constraints

- The unwinding of continuous coverage is comparable in magnitude to the launch of the Affordable Care Act (ACA).
- The end date of the PHE is still uncertain.
- Additional guidance from CMS may require the need to revisit strategy, IT coding, and other preparations currently underway.
- Workforce challenges exist across the system that continue to impact planning efforts and preparation. This includes hiring and retention of staff for contract partners, including call centers.

Next Steps



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- Continue working with CMS to keep aligned with the latest federal guidance and requirements.
- Continue activities to increase workforce capacity and ensure the eligibility system is prepared for ending continuous coverage.
- Continue engaging with contract partners and external stakeholders to build awareness for HHSC plans to end continuous coverage and expectations for members when action is needed.



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Ambassador Toolkit Overview

Rachel Shumaker, *Deputy Associate Commissioner*
AES SEES

HHSC Communications Plan for End of Continuous Enrollment



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- HHSC's unwinding approach **includes a proactive multi-pronged communications campaign to help members, providers, health plans, and advocates prepare for the end of continuous enrollment.**
- There is a lot of confusion on what actions members need to take now and in the future.
 - Members have not had to take action for two years to maintain Medicaid coverage.
 - High rate of returned mail.

**First Phase –
Pre-Continuous
Coverage Ending**



**Second Phase –
Continuous Coverage
End Confirmed**



**Third Phase –
Post-Continuous
Coverage End**

Ambassador Program

HHSC created the **Ambassador Program** for stakeholders, partners, providers, health plans, and advocates to support members and prepare for the end of continuous Medicaid coverage.



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Ambassador Program

Key Messages

Key Messages – Actions Members Can Take Now

- Sign up for the YourTexasBenefits account and mobile app.
- Report any changes in contact information to ensure members receive important notices when needed.
- Return renewal packets or requests for information as soon as possible after they are received by the member.

These key messages aim to **reduce member confusion**, increase likelihood of **eligible members maintaining coverage** and **minimize call center volume**.



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Ambassador Program Toolkit

The following items are included in the toolkit, and all items are in English and Spanish.

- FAQs
- Talking Points
- Flyers
- Social Media Graphics/Messages



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Ambassador Program Toolkit (cont.)


Actions Ambassadors Can Take Now

- Download Ambassador Toolkit from <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/end-continuous-medicaid-coverage-ambassador-toolkit>
- Share toolkit items with members in offices or electronically.
- Share toolkit items with other stakeholders to ensure consistent messaging.



Ambassador Toolkit

Graphics




**DON'T WAIT —
Respond and Update!**

Update your information today.
Visit YourTexasBenefits.com or call 2-1-1 and select option 2.

Attention Medicaid recipients:
Have you moved, had a baby or changed jobs recently?
Make sure you update your contact information soon.
Visit YourTexasBenefits.com or call 2-1-1, option 2,
to update your information.

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Additional Questions?

**Contact Rachel Shumaker at
Rachel.Shumaker@hhs.texas.gov**

THANK YOU!



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Medicaid & CHIP Flexibilities COVID-19 Updates

Michelle Erwin, *Deputy Associate Commissioner*
Office of Policy - Management

Medicaid & CHIP Flexibilities Extensions

Updates to Medicaid and CHIP COVID-19 flexibilities this month fall into four categories:

- Ending April 30, 2022 to transition to interim guidance effective May 1, 2022.
 - Interim guidance allows the policies to continue until formal policy updates are effective in fall 2022.
- Ending May 31, 2022.
- Extended to the end of the federal PHE and providers are being notified now that these flexibilities will end when the federal PHE ends.
- Extended to May 31, 2022.



Medicaid & CHIP Flexibilities Extensions

The following COVID-19 flexibilities end April 30, 2022 and transitioned to interim guidance effective May 1, 2022:

- Behavioral Health
- Healthy Texas Women Plus
- School Health and Related Services
- Healthy Texas Women (HTW)
- CLASS Specialized Therapies
- Renewal ID/RC and renewal, revised and transfer IPCs in HCS, TxHmL and CLASS
- Focused nursing assessments in HCS, TxHmL and CLASS





Behavioral Health

Synchronous audio-visual or telephone (audio-only) delivery for

- Psychiatric Diagnostic Evaluation with and without medical services
- Psychotherapy (individual, family, and group)
- Peer Specialist Services
- Mental Health Rehabilitation Services, excluding day programming for acute care needs
- Mental Health Targeted Case Management (MHTCM) Services
- Psychiatric Evaluation & Management (E/M) Services and Pharmacological Management Services for psychiatric care only



Healthy Texas Women Plus

- Audio-visual delivery of substance Use Disorder (SUD) counseling and assessment
- Audio-visual and audio-only delivery of
 - Psychotherapy
 - Peer Specialist Services
 - Screening, Brief Intervention, and Referral to Treatment





CLASS Specialized Therapies

- Recreational therapy
- Music therapy
- Behavior support
- Dietary services
- Cognitive rehabilitation therapy



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Other Interim Guidance Issued

- Healthy Texas Women (HTW) Distant site services for rural health clinics and federally qualified health centers
- School Health and Related Services
- Renewal ID/RC and renewal, revised and transfer IPCs in HCS, TxHmL and CLASS
- Focused nursing assessments in HCS, TxHmL and CLASS



Medicaid & CHIP Flexibilities Extensions

The following COVID-19 flexibilities will end May 31, 2022

- Audio-only delivery of Substance Use Disorder – Assessment and Counseling Services:
 - H0001
 - H0004
 - H0005.



Medicaid & CHIP

Flexibilities (cont.)

The following COVID-19 flexibilities are extended to the end of the federal PHE and will end when the PHE ends.

- HHSC will notify providers when notice of an end-date is received from federal authorities.
 - Audio-only nutrition counseling.
 - Telemedicine flexibilities for Texas Health Steps checkups.
 - Providers are also reminded that the in-person follow up visit must occur within six months of the telemedicine visit.
- Pre-Enrollment and Enrollment Assessments



Medicaid & CHIP

Flexibilities (cont.)

The following COVID-19 flexibilities are extended to the end of the federal PHE and will end when the PHE ends (cont.)

- HHSC will notify providers when notice of an end-date is received from federal authorities.
 - Renewal ID/RC and renewal, revised and transfer IPCs in DBMD
 - Comprehensive nursing assessments in IDD waiver programs
 - Required Case Management Visits in HCS, TxHmL, CLASS and DBMD



Medicaid & CHIP

Flexibilities (cont.)

- Many other COVID-19 flexibilities are extended to May 31, 2022.
- Information on the flexibilities and extensions can be found on the following webpages:
 - TMHP Coronavirus (COVID-19) Information (<http://www.tmhp.com/Pages/COVID-19/COVID-19-HOME.aspx>).
 - HHS Provider (PL) and Information (IL) letters (<https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers>).
 - HHS Coronavirus (COVID-19) Provider Information (<https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip->)



Monoclonal Antibody Procedure Code Q0221 for COVID-19 Now a Benefit

- Notice Posted to TMHP website on 5/2/2022.
- Effective for dates of service on or after February 24, 2022 procedure code Q0221 for COVID-19 is a benefit of:
 - Texas Medicaid
 - Children's Health Insurance Program (CHIP)
 - Children with Special Health Care Needs (CSHCN) Services Program



Monoclonal Antibody Procedure Code Q0221 for COVID-19 Now a Benefit (cont.)

- Procedure code Q0221 for AstraZeneca Evusheld (tixagevimab co-packaged with cilgavimab) monoclonal antibody therapy, for COVID-19 pre-exposure prophylaxis to prevent COVID-19 in adults and pediatric patients 12 years of age or older and weighing at least 40 kg
- Procedure code Q0221 has been added as informational while the drug is being distributed to providers free of charge.



Monoclonal Antibody Procedure Code Q0221 for COVID-19 Now a Benefit (cont.)

The FDA has authorized the use of Evusheld for:

- Preexposure prophylaxis for certain adults and pediatric individuals age 12 or older and weighing at least 40 kg who are not currently infected with SARS-CoV-2 and who have not had known recent exposure to an individual infected with SARS-CoV-2 AND have moderate to severe immune compromise because of a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination OR for whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended because of a history of severe adverse reaction (e.g., severe allergic reaction) to a COVID-19 vaccine or COVID-19 vaccine components.



Monoclonal Antibody Procedure Code Q0221 for COVID-19 Now a Benefit (cont.)

- Procedure code M0220 (administration of Evusheld in a long-term care facility, office, or outpatient hospital) can be billed with procedure code Q0221.
- Procedure code M0221 (administration of Evusheld inside a patient's home) can be billed in the home setting with procedure code Q0221.
- For more information, call:
 - TMHP Contact Center at 800-925-9126
 - TMHP-CSHCN Services Program Contact Center at 800-568-2413.



COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit

- Notice Posted to TMHP website on 5/2/2022.
- Effective for dates of service on or after February 11, 2022, procedure codes M0222 and M0223 related to monoclonal antibody administration are a benefit for:
 - Texas Medicaid
 - CHIP
 - Children with Special Health Care Needs (CSHCN) Services Program



COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit (cont.)

- For the administration of Eli Lilly's bebtelovimab monoclonal antibody therapy for the treatment of COVID-19.
 - Procedure code M0222 is for administration of Eli Lilly's bebtelovimab in a health-care setting
 - M0223 is for administration of Eli Lilly's bebtelovimab in the home or residence."



COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit (cont.)

- Effective for dates of service on or after February 11, 2022, procedure code Q0222 for bebtelovimab monoclonal antibody therapy is a benefit of:
 - Texas Medicaid
 - CHIP
 - CSHCN Services Program
- Has been added as informational while the drug is being distributed free of charge.



COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit (cont.)

- The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of bebtelovimab for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (age 12 & older weighing at least 40 kg):
 - With positive results of direct sars-cov-2 viral testing
 - Who are at high risk for progression to severe COVID-19, including hospitalization or death
 - For whom alternative COVID-19 treatment options approved or authorized by FDA are not accessible or clinically appropriate
- **Please see the full notice posted to the TMHP website for additional information including information on limitations of use.**





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LTCR Updates

Kirsten Notaro

LTCR Policy Rules & Curriculum Development

Regulatory Updates

- NF and ALF vaccination reporting emergency rules expire on 5/5 and **will not** be extended or reissued.
- The State Operations Center is demobilizing on 5/5.
 - No provider requests for emergency staffing will be accepted after 5/5.



COVID-19 Response

Communication Channels

Clients

- [COVID section on HHS site](#)
- Health plan channels and providers

Providers

- [COVID section on HHS site](#)
- [COVID section on TMHP site](#)
- Health plan channels

+ Update calls

Submit questions to:
Medicaid_COVID_Questions@hhs.texas.gov



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Thank You!

**Next update:
June 2, 2022**